

Indiana State Department of Health

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|---|---|--|--|--------------------------|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                   |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>012018</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____   |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>01/29/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MERCY HOME HEALTH CARE LLC</b> |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3235 45TH ST SUITE 107</b><br><b>HIGHLAND, IN 46322</b>                      |                          |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |  |
| {N 000}   | <p>Initial Comments</p> <p>This was a revisit for the home health agency relicensure survey conducted 12/17/12.</p> <p>Survey date: 1/29/13.</p> <p>Facility #: 12018.</p> <p>Surveyors: Janet Brandt, RN, PHNS</p> <p>During this survey, 4 deficiencies were found corrected.</p> <p>Mercy Home Health Care was found to be in compliance with the Indiana requirements for home health agencies 410 IAC Article 17.</p> <p>Census: 7</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN<br/>January 30, 2013</p> | {N 000}  |  |                          |  |

Indiana State Department of Health

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

27W912

If continuation sheet 1 of 1